



**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1 File Number: U - <u>10892</u>	2 Fiscal Year Covered From <u>01/01/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>JAMES P. QUERIO</u> P O Box, Bldg, Room No., if any Street <u>23818 W ESSEX</u> City <u>CHannahon IL</u> State <u>IL</u> ZIP Code + 4 <u>60480</u>	4 Name, file number, and address of labor organization Name <u>LOCAL 11 ROOFER</u> Labor Organization File Number <u>018962</u> P O Box, Building and Room Number, if any Street <u>9838 W ROOSEVELT</u> City <u>WESTCHESTER</u> State <u>IL</u> ZIP Code + 4 <u>60154</u>
5 Position in labor organization <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  7 b Amount  

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

James P. Querio

On

8-10-05 (815) 467-4888

Date

Telephone Number

Name of Person Filing <b>JAMES P QUERIO</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b>  Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9 Business deals with</b> <b>NONE</b>  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9 b or 9 c. is checked give trust or employer's name</b>  Name _____ Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	<b>11 b. Approximate dollar value of such dealing</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	<b>12 a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12 b. Amount.</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a. Nature of payment.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
<b>13 b. Is the Business an Employer</b> _____ <b>or Consultant</b> _____ <b>?</b>	<b>14 b. Amount of payment.</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

To Whom It May Concern:

Unfortunately I was unaware of the requirements and reports that were necessary for filing the Form LM-30, during the time frame of January 01 2004 thru December 31 2004, and before.

I have attempted to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences

Because I do not have accurate records of such occurrences, some items may be unintentionally left off from this report

The following represents my honest effort to reasonably recreate and estimate the necessary information needed to be reported.

Respectfully Yours

A handwritten signature in black ink, appearing to read "Jim Querio", with a stylized, flowing script.

Jim Querio